

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: SODm THERAPY FOR PREVENTION
AND/OR TREATMENT OF
INFLAMMATORY DISEASE
Attorney Docket Number:: MPI 8313.3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: No more than 4 characters
Total Drawing Sheets:: No more than 4 digits
Small Entity?:: Yes
Petition Included?:: No
Secrecy Order in Parent?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: "US" or full country name
Status:: Full Capacity
Given Name:: Daniela
Family Name:: Salvemini
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: Italy
Street of Mailing Address:: 1820 Orchard Hills Drive
City of Mailing Address:: Chesterfield
State or Province of Mailing
Address:: MO
Postal Code of Mailing Address:: 63017

Correspondence Information

Correspondence Customer Number:: 000321

Representative Information

Representative Customer Number:: 000321

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation- in-Part of	09/634,152	08/09/00
09/634,152	Division of	09/057,831	04/09/98
09/057,831	Non- Provisional of	60/050,402	06/20/97

Assignee Information

Assignee Name::

MetaPhore Pharmaceuticals, Inc

0909794-113001